

OUTDOOR EVENTS PERMIT APPLICATION
THE CITY OF ATLANTA OFFICE OF SPECIAL EVENTS (OSE)

THE CITY OF ATLANTA



OFFICE OF
SPECIAL
EVENTS

SHIRLEY FRANKLIN
MAYOR

THE CITY OF ATLANTA OFFICE OF SPECIAL EVENTS (OSE)

APPLICATION AND PERMIT FEES

COMMERCIAL (FOR-PROFIT)

CLASS	ANTICIPATED ATTENDANCE	APPLICATION FEE	PERMIT FEE
A	50,000	\$ 150.00	\$ 15,000.00
B	20,000 – 49,000	\$ 150.00	\$ 8,000.00
C	10,000 – 19,000	\$ 100.00	\$ 5,000.00
D	2,000 – 9,999	\$ 100.00	\$ 2,500.00
E	250 – 1,999	\$ 100.00	\$ 500.00

NON-COMMERCIAL (NOT FOR PROFIT)

CLASS	ANTICIPATED ATTENDANCE	APPLICATION FEE	PERMIT FEE
A	50,000	\$ 100.00	\$ 9,000.00
B	20,000 – 49,000	\$ 100.00	\$ 3,000.00
C	10,000 – 19,000	\$ 50.00	\$ 1,500.00
D	2,000 – 9,999	\$ 50.00	\$ 750.00
E	250 – 1,999	\$ 50.00	\$ 250.00

PERMIT APPLICATION INSTRUCTIONS

Atlanta is host to many public outdoor events on an annual basis. As you start the planning process for your event it is important to recognize that your event plays a unique part in the relationship we have with each individual community and the quality of your event can make a difference to the City of Atlanta.

Our outdoor events add to the character of our neighborhoods and provide an opportunity for neighbors, artists, merchants and family to interact with each other.

This application is intended to help you better understand the outdoor event permitting process and to provide tips that will facilitate your outdoor event planning process.

PERMIT PROCESS

In order to process your Outdoor Event Permit Application form, a completed permit application **must** be received by the City of Atlanta Office of Special Events **no later than ninety (90) days prior to the actual date of your event.**

The Office of Special Events (OSE) shall be responsible for coordinating the permitting of all outdoor events, including each of its components. Generally, the scheduling of all events shall be a first come, first served basis. In addition to obtaining the event permit, there are several other permits that may need to be acquired; you will read more about these types of permits throughout this packet.

It is our goal to assist every event organizer in properly planning safe and successful events that have minimal impact on the surrounding neighborhood.

SUBMIT YOUR OUTDOOR EVENT PERMIT APPLICATION

After you have carefully developed your outdoor event plan, submit your proposed

event description and plan to the City of Atlanta in the form this application. *Please be aware that failure to submit your application in a timely manner or incomplete will result in an immediate denial of your permit application.*

Once you have submitted your Special Event Permit Application to the City of Atlanta, you will be contacted to schedule a meeting with the Outdoor Events Committee, composed of all city departments and agencies affected by your event.

We hope that you find these instructions helpful. Thank you for your interest in choosing the City of Atlanta as the location for your event.

HAVE A GREAT EVENT!!!!

EVENT SUMMARY

DESCRIPTION

Date: _____

Event Title: _____

Description:

(This should be promotional in nature) To be placed within the OSE website and calendar.

Purpose of

Event: (Please describe the purpose of proposed event and the program involved)

Event Type:

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Festival/Celebration | <input type="checkbox"/> Outdoor/Farmer's Market | <input type="checkbox"/> Circus |
| <input type="checkbox"/> Parade/Procession/March | <input type="checkbox"/> Athletic/Recreation | <input type="checkbox"/> Advocacy |
| <input type="checkbox"/> Museum Special Attraction | <input type="checkbox"/> Private Party | <input type="checkbox"/> Fund Raiser |
| <input type="checkbox"/> Concert/Performance | <input type="checkbox"/> Carnival | <input type="checkbox"/> Community |
| | | <input type="checkbox"/> Other: _____ |

Anticipated Attendance

Total: _____ **Per Day:** _____

Anticipated Participants

Total: _____ **Per Day:** _____

CLASS: _____

DATE/TIME

Setup

Date: _____ **Time:** _____ **Day of Week:** _____

Event Start

Date: _____ **Time:** _____ **Day of Week:** _____

Event Ends

Date: _____ **Time:** _____ **Day of Week:** _____

Dismantle

Date: _____ **Time:** _____ **Day of Week:** _____

***Inclement Weather:** **Date:** _____ **Time:** _____ **Day of Week:** _____

LOCATION

☐ PUBLIC PROPERTY ☐ PRIVATE PROPERTY

Location

Description:

Location Name: _____

Address: _____

City, State & Zip code _____

Specify:

- ☐ Park ☐ Street Closure ☐ Sidewalk ☐ Other

EVENT SUMMARY - QUESTIONNAIRE

CONTACTS

**Host/Producing
Organization:**

**Chief Officer of
Host/Producing
Organization:**

Public Contact:
(Required)

Name _____

Telephone () _____

Non-Public Contact:
(Required for internal use
only)

Name _____

Telephone () _____

***Please supply a number that will be accessible during the proposed event.*

Media Contact:
(If different from Public
Contact) To be placed
within the OSE website
and calendar.

Name _____

Telephone () _____

Vendor Contact:
(If different from Public
Contact) To be placed
within the OSE website
and calendar.

Name _____

Telephone () _____

Web Address:
To be placed within the
OSE website and calendar.

http://: _____

YES NO

☐ ☐ Is this an annual event? How many years have you been holding this event? _____ Years

☐ ☐ Is your event an official part of a current citywide, statewide or nationwide event (i.e. Atlanta Pride Celebration, National Black Arts Festival, etc)? If yes, please list _____

Please list any professional event organizer, event service provider, or commercial fund-raiser hired by you that is authorized to work on your behalf to plan, produce and/or manage your event.

Applicant Name: _____

Address: Street _____ Suite _____

City _____ State _____ Zip code _____

Telephone: Day () _____ Evening () _____ Cellular () _____

EVENT SUMMARY - QUESTIONNAIRE

A written communication from the Host Organization authorizing the applicant and/or professional event organizer to apply for this Outdoor Event Permit on their behalf must be submitted with your permit application.

Host Organization: _____

Chief Officer of Host Organization: _____

Applicant Name: _____

Address: Street _____ Suite _____
City _____ State _____ Zip code _____

Telephone: Day () _____ Evening () _____ Cellular () _____

Please list your sponsors for this event: _____

ORGANIZATION STATUS/ REPORTING

YES NO

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Is the Host Organization a commercial entity? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the Host Organization a bona fide tax exempt, nonprofit entity? If yes, you must <u>ATTACH</u> to this application a copy of your IRS 501 (c) tax exemption letter providing proof and certifying your current tax exempt, nonprofit status. |
| <input type="checkbox"/> | <input type="checkbox"/> | Is this event open to the public? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are patrons' admission, entry or participant fees required?
If yes please provide amounts: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Are vendor or other fees required?
If yes please provide amounts: _____ |

FOOD CONCESSIONS OR PREPARATION

YES NO

□

If yes, please describe how food will be served and/or prepared _____

1

If yes, please specify method:

☐ Gas ☐ Electric ☐ Charcoal ☐ Other (specify) _____

If you are cooking, please indicate the location (i.g. indoor, outdoor, tent, etc.)

1

Will food items be sold at your event?

MERCHANTS AND NON-FOOD VENDORS

YES NO

1

Will items or services be sold at your event?

If yes, please list or **ATTACH** a complete list of vendor types _____

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

SANITATION AND RECYCLING

Please **ATTACH** an agreement between your organization and the agency performing the clean up of the festival area. This agreement letter must be submitted on the letterhead of the appropriate agency responsible for the cleanup and **must** include the following:

Contact information: Name and number (accessible during event)

Plan for recycling refuse (describe in detail)

Number of trash receptacles provided by the agency (Please refer to the Environmental Health section of this application to find the minimal number of solid waste receptacles required for your event.)

If you are requesting this service to be provided by the City's Sanitation Department, payment is due five (5) days before the event.

PORTABLE REST ROOMS

You are required to provide portable rest room facilities at your event, unless you can substantiate the sufficient availability of both American Disability Act (ADA) accessible and non-accessible facilities in the immediate area of the event site which will be available to the public during your event.

YES NO

☐☐

Do you plan to provide portable rest room facilities at your event?

If yes: Total number of portable toilets _____

Total number of ADA portable toilets _____

If no: Please explain _____

Please refer to the Environmental Health section of this application to find the minimal number of portable toilets required for your event.

Portable Toilet Provider: _____

Address: Street _____ Suite _____

City _____ State _____ Zip code _____

Telephone: Day () _____ Evening () _____ Cellular () _____

Equipment Setup: Date: _____ Time: _____

Equipment Pickup: Date: _____ Time: _____

Please **ATTACH** an agreement between your organization and the agency providing the portable toilets. This agreement letter must be submitted on the letterhead of the appropriate agency and **must** include the number of toilets the organizer is requesting. Please note that for events held in parks, portable toilets must be removed in a timely manner after the event. Failure to remove the toilets by an agreed upon date may result in significant penalties.

PATRON/MEDIA PARKING

Please indicate on the Site Plan, **all** parking location for patrons, news media and event staff.

ENTERTAINMENT AND RELATED ACTIVITIES

YES NO

☐ ☐ Is there entertainment associated with your event?

If yes, please indicate the types of entertainment (check all that apply): ☐ Live Music ☐ Disc Jockey (DJ) ☐ Children Activity
☐ Animal Acts ☐ Theatrical Performance ☐ Other: _____

Please complete the following information and provide an **ATTACHMENT** listing all bands/ performers, sound check and performance schedule. Please include if the bands are locally or nationally recognized acts.

Number of Stages _____
Number of Performers/Bands _____

- ☐ ☐ Will sound checks be conducted prior to the event?
If yes, State time _____ Finish time _____
- ☐ ☐ Will sound amplification be used?
If yes, State time _____ Finish time _____
- ☐ ☐ Do you plan to have a patron dance component to either live or recorded music at your event?
If yes, please describe _____
- ☐ ☐ Please describe the sound equipment that will be used for your event? _____
- ☐ ☐ Does your event include the use of fireworks, rockets, lasers, or other pyrotechnics?
If yes, please describe _____
and **ATTACH** the appropriate permit.
- ☐ ☐ Will your event include the use of any signs, banners, decorations, or special lighting?
If yes, please describe _____
- ☐ ☐ Are you sponsoring or allowing outside promoters or agencies to officially sponsor events?
If yes, please **ATTACH** a list of each event with dates, times and locations.

MARKETING AND PUBLIC RELATIONS

YES NO

☐ ☐ Will this event be marketed, promoted, or advertised in any manner?

If yes, please indicate the types of advertising (check all that apply): ☐ Local Radio ☐ National Radio ☐ Local TV
☐ National TV ☐ Cable TV ☐ Local Newspaper ☐ National Newspaper ☐ Direct Mail/Flyers ☐ Internet ☐ Email ☐ Billboards

Please **ATTACH** an explanation of your GENERAL TARGET AREA of your advertisement.

- ☐ ☐ Do you have a plan to control or limit the placement and/or distribution of promotional signage, sticker and other items?
If yes, please describe: _____
- ☐ ☐ Will there be live media coverage during the event?
If yes, please describe: _____

SITE PLAN/ROUTE MAP

Please **ATTACH** your event site plan/route map. This should be submitted in blueprint, computer assisted drawing (CAD) format, or hand drawings to scale. To ensure that your hand drawings are to scale, please request a map of the proposed location from the Bureau of Planning at (404) 330-6145 or the Department of Parks, Recreations and Cultural Affairs at (404) 817-6815 (full hand drawing will not be accepted unless otherwise approved by the Office of Special Events) and include but not be limited to:

✓ (Check once prepared)

- ☐ An outline of the entire event venue including the names of all streets or areas that are part of the venue and the surrounding area. If the event involves a moving route of any kind, indicate the direction of travel and all streets or lane closure
- ☐ The location of fencing, barriers and/or barricades. Indicate any removable fencing for emergency access.
- ☐ The location of all stages, platforms, scaffolding, bleachers, grandstands, canopies, tents, portable toilets, booths, cooking areas, trash containers, dumpster, drinking water fountains or water stations in park, waste grease containers, gray water containers and other temporary structures.
- ☐ *The location of first aid facilities and ambulances.*
- ☐ *Placement of vehicles and/or trailers.*
- ☐ *Space allotted for parking.*
- ☐ Identification of all event components that meet accessibility standards
- ☐ Other related event components not listed above.
- ☐ A detail or close-up of the food booth and cooking area configuration including booth identification of all vendors cooking with flammable gases or barbecue grills.
- ☐ Generators locations and/or source of electricity.
- ☐ Exit location for OUTDOOR events that are fenced and/or locations within tents and tent structures.

ELECTRICAL NEEDS

Will a generator(s) be used? ☐ Yes ☐ No

Describe specific electrical needs: _____

Will additional electrical wiring need to be installed? ☐ Yes ☐ No

Electrical Contractor: _____

Telephone: Day () _____ Evening () _____ Cellular () _____
(**Please supply a number that will be assessable during the proposed event.)

Please **ATTACH** an agreement between your organization and the agency providing the electrical service. This agreement letter must be submitted on the letterhead of the appropriate agency and **must** include the license number of the electrician contracted for service.

TEMPORARY STRUCTURES/BUILDING PERMIT

Are you using any tents? ☐ Yes ☐ No

If yes, please complete the following: _____ # of tents Sizes: _____

Are you building any stages? ☐ Yes ☐ No

If yes, please complete the following: _____ # of stages Sizes: _____

****If you are building a stage and/or using a tent larger than '10x20' then you must receive approval from the Bureau of Building. However the approval is not needed prior to submitting this application. Please simply include a copy of your original Outdoor Event Building Permit Application submitted to the Bureau of Building.****

SECURITY PLAN

ATTACHMENTS for this section should include your original Outdoor Event Security Plan form with a description of your security plan to include, but not limited to, *crowd control*, *internal security* or *venue safety*, the *number of POST-certified off-duty law enforcement personnel* and *private security guards* which the applicant plans to hire, (where the number of off-duty law enforcement personnel shall be the same or more than the number of private security guards) the *arrangements the applicant has made for hiring them* and *details on the plan for payment*.

****Please note that the Commander of Special Operations of the Atlanta Police Department must approve your plan.**

EMERGENCY MEDICAL SERVICES PLAN

ATTACHMENTS for this section should include your original Outdoor Event Emergency Medical Service Plan form describing your medical plan to include, but not limited to, your communications plan, the number, certification levels (MD, RN, Paramedic, EMT) and types of resources that will be at your event and the manner in which they will be managed and deployed. Your plan should include hours of setup and dismantle of medical aid areas. Please refer to the Medical Service Resource Matrix for the minimal required services per class. Please **ATTACH** an agreement letter between your organization and the agency contracting EMS services. This agreement letter must be submitted on the letterhead of the appropriate agency and **must** include Contact information (Name and number) and complete listing of contracted services/personnel.

****Please note that the Commander of Special Operations of the Atlanta Fire Department must approve your plan.**

ALCOHOL PERMIT INFORMATION

YES NO

- ☐ ☐ Does your event involve the use of alcoholic beverages?
If yes, please check all that apply:
☐ Spirituous Liquor ☐ Beer ☐ Wine

List the exact location and times for alcohol sales:

Location(s): _____ Time(s): _____

Location(s): _____ Time(s): _____

Location(s): _____ Time(s): _____

- ☐ ☐ Have **CITY** and **STATE** permits been applied for and/or obtained?
☐ ☐ Do the alcohol vendors presently hold a license for on-premises? If yes please provide their information below.

Name of Licensee _____

Address: Street _____ Suite _____
City _____ State _____ Zip code _____

Telephone: Day () _____ Evening () _____ Cellular () _____

TEMPORARY STREET, SIDEWALK OR PARK CLOSING PERMITS

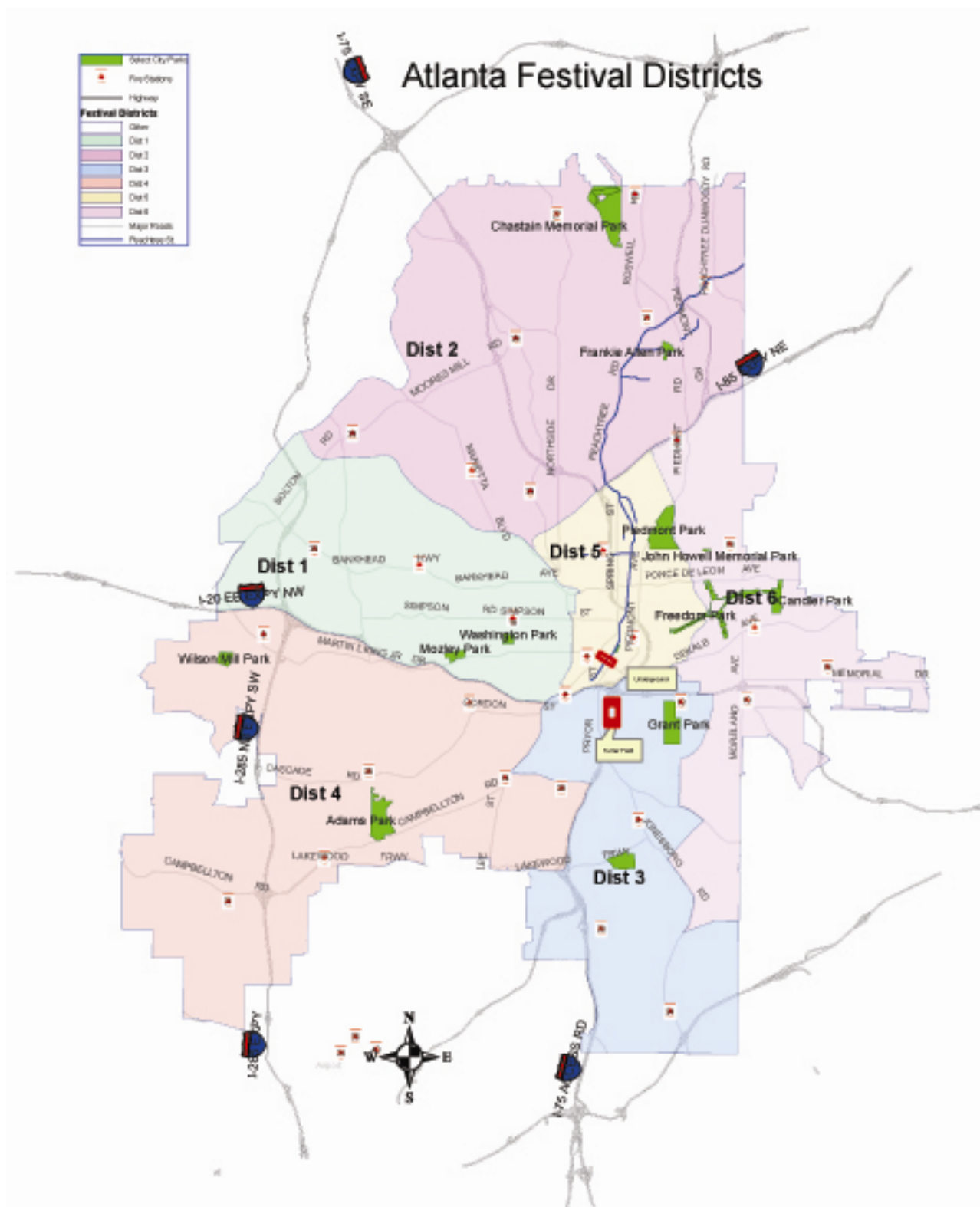
YES NO

- ☐ ☐ Does your event involve any street closures or any moving components?

If yes, please **ATTACH** your application for a Temporary Street, Sidewalk or Park Closing Permit to be submitted to the Special Operations Section of the Atlanta Police Department.

CITY OF ATLANTA - NEIGHBORHOOD PLANNING UNIT

The maps of neighborhoods of the City of Atlanta are grouped into 24 planning units. The NPUs are the principal means for facilitating citizen participation in the City's planning process. The City's neighborhoods can be found on the City of Atlanta website at (http://www.atlantaga.gov/residents/neighborhood_npus.aspx)



IMPACT MITIGATION

NEIGHBORHOOD PLANNING UNIT

Please note that the NPU Coordinator, Wendy Scruggs-Murray, will contact you to schedule you to meet with the appropriate NPU impacted by your event. Once met with the NPU please submit your NPU Review Form to the NPU Coordinator.

Which NPU will be affected by this event? NPU _____ (Please refer to the previous page)

YES NO

- ☐ ☐ Have you presented your event concept to the Neighborhood Planning Unit that represents the venue area? If yes, please **ATTACH** letters of endorsement or support from each of these groups.
- ☐ ☐ Have you met with the residents, businesses, places of worship, schools and other entities that may be directly impacted by your event?

Please **ATTACH** a copy of correspondence sent to the NPU Chair about the upcoming event.

CITY COUNCIL DISTRICT

YES NO

- ☐ ☐ Have you presented your event concept to the City Council member that represent the venue area? If yes, please **ATTACH** a copy of the letter.

What Council District(s) is this event being held in? _____

AFFIDAVIT OF APPLICANT

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understand and agree to abide by the rules and regulations governing the proposed Special Event under the City of Atlanta Code of Ordinance, and I understand that this application is made subject to the rules and regulation established by the City Council and/or the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, Federal Government and any other applicable entity, which may pertain to the use of the Event venue and the conduct of the Event. In the event that a possessory interest subject to property taxation is created by virtue of this use permit, I agree to pay all possessory interest taxes and the City shall not be liable for the payment of such taxes. I further agree to abide by these rules, and further certify that I, on behalf of the Host Organization, am also authorized to commit that organization, and therefore agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event to the City of Atlanta.

(Please print)

Applicant Name: _____

Title: _____

Host Organization: _____

Signature: _____ Date: _____

Professional Event Organizer: _____

Title: _____

Organization/Agency Name: _____

Signature: _____ Date: _____

Date received by office:



For office use only

PERMIT NUMBER:

__05__ - __ - __

Benchmark dates:

90 DAY __/__/__

50 DAY __/__/__

45 DAY __/__/__

OFFICE
USE
ONLY

SECURITY PLAN – OUTDOOR EVENTS PERMIT

Office (404) 209-5260

Fax (404) 209-5268

Application Number: _____

Date: _____

Event Type: _____

- ☐ Bicycle Race
- ☐ Motorcade
- ☐ Lane Closing

- ☐ Foot Race
- ☐ Parade
- ☐ Festival

- ☐ Street Closing
- ☐ Walk / March
- ☐ Rally

Zone: _____

Description of Event: _____

Date: _____

Time: _____

Location (s) / Route: _____

Security Plan Summary: (Attach Plan of Action)

Number of officers required: _____ (Off-duty ONLY)

List agencies represented by Off-duty Officers: _____

TRAFFIC:
SECURITY:

Fixed: _____
Fixed: _____

Mobile: _____
Mobile: _____

Number of Barricades required: _____ (applicant must provide barricades)

Name of Security Coordinator (s): _____ Telephone: _____

THIS ABOVE PORTION OF THIS FORM IS TO BE FILLED OUT BY THE FESTIVAL ORGANIZER OR PROMOTER ONLY. ATLANTA POLICE OFFICERS ARE PROHIBITED BY CITY ORDINANCE FROM SIGNING THIS FORM AS SECURITY COORDINATORS.

****To be completed by the ATLANTA POLICE DEPARTMENT (SOS) ONLY****

☐ **APPROVED**

☐ **DISAPPROVED**

☐ **APPROVED**

☐ **DISAPPROVED**

Commander, Special Operations Section
Atlanta Police Department

Deputy Chief, Field Operations
Atlanta Police Department

A specific plan for *crowd control, internal security or venue safety*, to include but not limited to *the number of POST-certified off-duty law enforcement personnel and private security guards* which the applicant plans to hire, (where the number of off-duty law enforcement personnel shall be the same or more than the number of private security guards) the arrangements the applicant has made for hiring them and details on the plan for payment.

EMERGENCY MEDICAL SERVICE — OUTDOOR EVENTS PERMIT ATLANTA FIRE RESCUE



Office (404) 215-2830

Fax (404) 215-2831

Name Of Event/Festival: _____

Event Date(s): _____ Time: _____

Address Of Event Or Festival: _____

Name Of Organization/Organizer: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Fax Number: _____

E-Mail Address: _____

Estimated Attendance: Daily _____ Total _____

Will Alcohol Be Served? Yes ☐ No ☐

Name and number of the onsite contact during the festival/event:

Please provide a name, and phone number of the Emergency Medical Service provider or individual (s) providing the Emergency Medical Services for your event.

Name: _____ Phone # _____

How many of the following will be assigned to the festival/event?

___ Advance Life Support Unit (S)	___ Basic Life Support Unit (s)
___ Medical Doctor	___ Registered Nurse
___ Licensed Practical Nurse	___ Firefighter/Medic
___ Emergency Medical Technician	___ Paramedic
___ First Aid Stations	___ Other (Please Explain) _____
___ Portable Toilets	___ Public Water Sources

Please explain in details how your medical personnel will communicate during with each other during your event. (event radios, cell phones, walkie talkies, etc.)

Please include your site plan outlining locations of ambulances, first aid stations, portable toilets, and public water sources.

****Please note that the Chief of Special Operations of the Atlanta Fire Department must approve your plan.**

Please Print – Medical Director EMS
Providing Event Coverage

Signature – Medical Director EMS
Providing Event Coverage

Please Print- Chief Of Atlanta Fire Rescue
EMS/Special Operations

Signature – Chief Of Atlanta Fire Rescue
EMS/Special Operations

- ☐ **APPROVED**
- ☐ **DISAPPROVED**



ATLANTA FIRE RESCUE

ADDENDUM TO ORDINANCE NO. 02-0-1777

ATLANTA OUTDOOR FESTIVALS ORDINANCE

Change 138-187. Definitions (internal emergency services plan) to read.

Internal emergency services plan means a plan submitted by the applicant and approved, as submitted or as modified thereafter, by the Chief of Staff, for the provision of emergency services, which term shall include fire suppression, fire safety, and emergency medical services, to public and private property, performers, entertainers, exhibitors, speakers or other persons in the *festival assembly area*.

Change 138-201. (16) Definitions to read

A specific plan for *internal emergency services* for the festival, specifying the number of firefighter/emergency medical technician which the applicant plans to hire, what arrangements the applicant has made for hiring them. The *internal emergency services plan* shall specify that the number of firefighter/emergency medical technician hired by the applicant shall be the same or more than the number of emergency medical and ambulance personnel hired for such purpose. At the option of the applicant the fire and emergency medical service personnel under the *internal emergency services plan* may be comprised entirely of firefighter/emergency medical technician.

The *internal emergency services plan* must show that all fire personnel to be used for internal emergency services must be National Board of Fire Service Professional Qualifications (NPQ) certified and a State certified emergency medical technician or paramedics, have **jurisdictional authority** in the *festival area*, and that all emergency medical and ambulance service personnel contracted for by the applicant must be employed by companies licensed by the State of Georgia Department of Human Resources.

A specific plan for *internal fire safety* for the festival, specifying the number of off-duty fire inspectors which the applicant plans to hire, what arrangements the applicant has made for hiring them, and the details of the plan for payment. The *internal fire safety plan* shall specify that the number of fire marshals/inspectors hired by the applicant shall be the same or more than the number of private fire inspectors hired for such purpose. At the option of the applicant the fire safety team under *the internal fire safety plan* may be comprised entirely of off-duty fire marshal/inspectors.

The *internal fire safety plan* must show that all off-duty fire safety personnel to be used for internal fire safety services must be National Fire Protection Association certified Fire Inspector I, have **jurisdictional authority** in the *festival area*.

Change 138-203. criteria for grant of permit to add

5 (b) No applicant for, or recipient of. An outdoor *festival* permit shall be required to provide for, or pay for the cost of, public safety personnel necessary to provide for the protection of a festival and its attendees from the hostile

members of the public or counter-demonstrators, or for traffic control outside the *festival assembly area*, or for general fire and emergency medical services in the vicinity of the festival. The holder of the permit shall be required to provide a plan for emergency medical services, as that term is defined in this article, for the *festival assembly area*, and shall be required to provide and pay for firefighter/emergency medical technician, emergency medical personnel and/or ambulance service(s) for such internal emergency medical services. The internal emergency plan must show that all firefighter/emergency medical technicians to be used for internal emergency services will be National Board of Professional Qualifications (NPQ) certified and State certified as emergency medical technicians, and that all emergency medical and ambulance service personnel contracted for by the applicant must be employed by companies licensed by the State of Georgia Department of Human Resources. In determining the adequacy and appropriateness of any *internal emergency services plan*, the Chief of Staff shall be guided solely by considerations of the number and qualifications of firefighter/emergency medical technicians, emergency medical and ambulance service personnel necessary to provide internal fire and emergency medical services in the *festival assembly area*, as indicated by experience with similar events. To this end, the Chief of Staff may consider the advice and counsel of public safety and persons with expertise in handling or promoting similar events. In evaluating the *internal emergency service plan* the Chief of Staff may not take into account the message of the festival, nor the content of any speech, nor the identity or associational relationships of the applicant, nor the assumptions or predictions as to the amount of hostility which may be aroused in the public by the content of speech or message conveyed by the festival. The *internal emergency services plan* shall specify that the number of firefighter/emergency medical technician hired by the applicant shall be the same or more than the number of emergency medical and ambulance service personnel hired for such purpose. At the option of the applicant the emergency services personnel under the *emergency services plan* may be comprised entirely of firefighters/emergency medical technician with **jurisdictional authority**.

5 (c) No applicant for, or recipient of an outdoor *festival* permit shall be required to provide for, or pay for the cost of, public safety personnel necessary to provide for the protection of a festival and its attendees from the hostile members of the public or counter-demonstrators, or for traffic control outside the *festival assembly area*, or for general fire enforcement in the vicinity of the festival. The holder of a permit shall be required to provide a plan for *internal fire safety*, as that term is defined in this article, for the *festival assembly area*, and shall be required to provide and pay for off-duty fire inspectors/marshals for such *internal fire safety* purposes, as required by the Chief of Staff. The *internal fire safety* plan must show that all off-duty fire inspectors/marshals personnel to be used for *internal fire safety* will be National Fire Protection Association Certified Fire Inspector 1 certified. In determining the adequacy and appropriateness of any *internal fire safety* plan, the Chief of Staff shall be guided solely by considerations of the number and qualifications of off-duty fire inspectors/marshals necessary to provide *internal fire safety* to the *festival assembly area*, as indicated by experience with similar events. To this end, the Chief of Staff may consider the advice and counsel of public safety professionals and persons with expertise in handling or promoting similar events. In evaluating the internal fire safety plan the Chief of Staff may not take into account the message of the *festival*, nor the content of any speech, nor the identity or associational relationships of the applicant, nor any assumptions or predictions as to the amount of hostility which may be aroused in the public by the content of speech or message conveyed by the *festival*. The internal fire safety plan shall specify that the number of off-duty fire inspectors/marshals hired by the applicant shall be the same or more than the number of private fire inspectors/marshals hired for such purpose. At the option of the applicant the fire safety team under the internal fire safety plan may be comprised entirely of off-duty fire inspectors/marshals.



FREQUENTLY ASKED QUESTION

1. What is an Emergency Medical Service Plan?

An Emergency Medical Service Plan is a plan of action, which outlines provisions for the care of the sick and/or injured during permitted events.

2. Who needs an Emergency Medical Service Plan?

Any person(s) or organization desiring to hold an outdoor Event/Festival requiring a permit from the City of Atlanta.

3. Does the City of Atlanta Fire Department recommend any Emergency Medical Service Provider(s)?

City of Atlanta Fire Department does not make recommendations on EMS Providers however the Atlanta Fire Departments EMS/Special Operations Section does provide a list of Emergency Medical Care Providers for anyone wishing to hold a Festival/Event.

4. Can I use 911 as my Emergency Medical Service Provider to oversee my Event/Festival?

Class A, B, C, D Events - No, Your EMS plan is designed to identify an EMS Provider so as not to adversely impact the 911 System.

Class E Events – Yes providing that the Chief of EMS/Special Operations makes the determination that your event will not adversely impact the 911 system.

5. Will my Emergency Medical Service Provider have to have the proper credentials (i.e., license, certification) readily available during the Event/Festival?

In accordance with, State of Georgia Department of Human Resources all Medical Providers are required to have identifying credentials while providing Emergency Medical Care.

6. Will I be responsible for EMS Coverage outside of the perimeter of my Event/Festival?

Yes, listed below are the EMS coverage areas of responsibility as per the city ordinance.

- a. Class A Events/Festival - greater of three blocks or one thousand five hundred (1500) feet for all
- b. Class B Events/Festival – greater of two blocks or one thousand feet (1000)
- c. Class C Events/Festival – greater of one block or five hundred (500) feet
- d. Class D Events/Festival – a two hundred foot area within this perimeter shall be considered part of the Event/Festival Assembly area.

7. What information is required in my EMS Plan?

- 1)** All EMS Plans must have the name of the company providing EMS coverage or the certification of the individuals providing said coverage. (i.e. RN, Paramedic, EMT)
- 2)** All EMS Plans required to have ambulance coverage must have a Medical Directors signature where indicated.
- 3)** All EMS Plans must indicate the type and amount of Emergency Medical coverage planned for that event.

8. Where do I send my EMS Plan once completed?

Please mail or fax all EMS Plans to:

ATTN: LT. J. MALCOLM

City of Atlanta Fire Department

**EMS/SPECIAL OPERATIONS SECTION
71 ELLIOT STREET S.W.
ATLANTA GA. 30313**

**Office # (404) 215-2830
Fax # (404) 215-2831**

FIRE SAFETY INSPECTIONS OUTDOOR EVENTS PERMIT

Office (404) 853-7062

Fax (404) 853-7186

Name of Festival: _____

Date and Festival: _____

Address of Event: _____

1. What is your expected number of persons attending this event: _____
2. Do you intend to erect a gate and charge a fee for this event? Yes ☐ No ☐
3. Will any tents be erected at this event? Yes ☐ No ☐
If yes, how many and what size: _____
4. Will any signs or banners be hung? Yes ☐ No ☐
5. Will there be any street closing for this event? Yes ☐ No ☐
6. Will any alcohol be served at this event? Yes ☐ No ☐
7. Will there be any fireworks/pyrotechnics displayed in conjunction with this event? Yes ☐ No ☐
8. Will there be any cooking at the event? Yes ☐ No ☐
If yes, what will be the fuel source _____
9. Will there be any LP-Gas, flammable, or combustible liquids used at this event? Yes ☐ No ☐
If yes, give the name, intended use and how much will be stored on the site: _____
10. The total number of (off duty) fire inspectors needed for this event _____

Please **ENCLOSE** A Copy of the Site Plan Detailing the Layout of the Festival Area.

YOU MAY BE REQUIRED TO HAVE FIRE INSPECTORS/MARSHALS AT THIS EVENT BY THE ORDERS OF THE FIRE MARSHAL OF THE CITY OF ATLANTA FIRE RESCUE DEPARTMENT

****To be completed by the ATLANTAFIRE RESCUE ONLY****

- ☐ **APPROVED**
- ☐ **DISAPPROVED**

Print, Fire Marshall, Atlanta Fire Rescue

Signature, Fire Department
Atlanta Fire Rescue

A specific plan for internal emergency service for the festival, specifying the number of off-duty fire inspectors/marshals in which the applicant has to hire for said event determined by the Fire Marshal (based on the projected crowd size and any hazardous conditions). Also, the arrangement the applicant has made for hiring them, and the details of the plan for payment.



ATLANTA FIRE-RESCUE DEPARTMENT SPECIAL EVENTS MINIMUM EMS STAFFING REQUIREMENT

	Class A 50,000 and over	Class B 49,999- 20,000	Class C 19,999-10,000	Class D 9,999-2,000	Class E 1,999-250
Medical Doctor(s)					
Registered Nurse(s)					
Paramedic(s)				1	
EMT(S)				1	
Advance Life Support Unit(S)	3	2	1		
First Aid Station(S)*	2	1	1		
Bike Team(S)**					
Foot Patrol Team(S)***	3	1	1		

These numbers indicate the minimum number of EMS personnel and/or equipment required for the specified class of event and are subject to change pending review of your EMS plan by the Chief of EMS of the Atlanta Fire-Rescue Department.

*** Minimum staffing for all First Aid Station will be two (2) Emergency Medical Technicians-Intermediate**

**** Minimum staffing for all Bike Teams will be two (2) Emergency Medical Technician-Intermediate**

***** Minimum staffing for all Foot Patrol Team(s) will be two (2) Emergency Medical Technicians-Intermediate**

RECOMMENDED UNIT REQUIREMENTS
NON-SEWERED TOILETS SYSTEMS

Peak Crowd # of People

***Minimum Number of Non-Sewered
Toilets Needed**

250	2
500	2
1,000	3
2,000	5
3,000	7
4,000	10
5,000	12
6,000	14
7,000	17
8,000	20
10,000	25
12,000	28
15,000	30
17,000	35
20,000	38
25,000	42
30,000	44
40,000	48
50,000	50
75,000	75
100,000	100

*** Additional units may required as deemed necessary by the Atlanta Fire-Rescue Department**

SPECIAL EVENTS CHECKLIST FOR OUTDOOR COOKING

LP-Gas

Location of containers.

LP-gas containers shall be located outside. Safety release valves shall be pointed away from the tent, canopy or membrane structure.

LP-Gas Containers 500 gallons or less.

Portable LP-gas containers with a capacity of 500 gallons (1893 L) or less shall have a minimum separation between the container and structure not less than 10 feet (3048 mm).

LP-Gas Containers more than 500 gallons.

Portable LP-gas containers with a capacity of more than 500 gallons (1893 L) shall have a minimum separation between the container and structures not less than 25 feet (7620 mm).

Protection and security.

Portable LP-gas containers, piping, valves and fittings which are located outside and are being used to fuel equipment inside a tent, canopy or membrane structure shall be adequately protected to prevent tampering, damage by vehicles or other hazards and shall be located in an approved location. Portable LP-gas containers shall be securely fastened in place to prevent unauthorized movement.

Flammable and combustible liquids.

The storage of flammable and combustible liquids and the use of flammable-liquid-fueled equipment shall be in accordance with this section.

Use.

Flammable-liquid-fueled equipment shall not be used in tents, canopies or membrane structures.

Flammable and combustible liquid storage.

Flammable and combustible liquids shall be stored outside in an approved manner not less than 50 feet (15 240 mm) from tents, canopies or membrane structures. Storage shall be in accordance with Chapter 34.

Refueling.

Refueling shall be performed in an approved location not less than 20 feet (6096 mm) from tents, canopies or membrane structures.

Separation of Generators.

Generators and other internal combustion power sources shall be separated from tents, canopies or membrane structures by a minimum of 20 feet (6096 mm) and shall be isolated from contact with the public by fencing, enclosure or other approved means.

Vegetation removal.

Combustible vegetation shall be removed from the area occupied by a tent, canopy or membrane structure, and from areas within 30 feet (9144 mm) of such structures.

Waste material.

The floor surface inside tents, canopies or membrane structures and the grounds outside and within a 30-foot (9144 mm) perimeter shall be kept clear of combustible waste. Such waste shall be stored in approved containers until removed from the premises.

Crowd Manager.

There shall be trained crowd managers or crowd manager supervisors at a ratio of one crowd manager/supervisor for every 250 occupants, as approved.

Cooking tents.

Tents where cooking is performed shall be separated from other tents, canopies or membrane structures by a minimum of 20 feet (6096 mm).

Cooking Equipment Fire Protection.

Cooking equipment involving vegetable or animal oils and fats shall be protected by a Class K rated portable extinguisher.

Thank you for completing your Special Event Permit Application. Before you submit your application to the City of Atlanta, please make sure that the following steps have been completed:

Have you?

- ☐ Signed and dated your application

Attachments:

- ☐ A copy of your IRS 501(c) tax exempt letter
- ☐ Copy of your Fulton County Permit for Temporary Food Service
- ☐ List of Vendors/Concessionaires/Food and Non-Food Vendors
- ☐ Original agreement letter from the agency performing clean up of the festival area
- ☐ Original agreement letter from the agency providing the portable toilets
- ☐ A complete entertainment list and schedule
- ☐ A complete list of all endorsed events outside of permitted event (after party, receptions, etc.)
- ☐ Explanation of your marketing general target area
- ☐ Event site plan (blue print or computer assisted drawing or approved hand drawings only)
- ☐ Original Building Permit application
- ☐ Original agreement letter from the agency providing the electrical services
- ☐ Original agreement letter from the agency providing the emergency medical services
- ☐ Original Security Plan application
- ☐ Original Medical Plan application
- ☐ Original Fire Safety Plan application
- ☐ Original Temporary Street, Sidewalk or Park Closing Permit applications
- ☐ Copy - Letter announcing the upcoming proposed Special Event to the City Council member
(via email)
- ☐ Provided samples of communications that will be distributed to impacted residents, businesses, schools, places of worship and other entities

Have you included your application fee??? (ONLY MONEY ORDERS AND CERTIFIED CASHIERS CHECKS ARE ACCEPTED.) Make checks and money orders payable to the City of Atlanta.

PLEASE NOTE: Applications cannot be emailed or faxed. Each application, whether mailed or brought in person, must be accompanied by the money order or certified check at the time of delivery.

Submit your completed permit application to:

City of Atlanta
Office of Special Events
55 Trinity Avenue, SW
Suite 2400
Atlanta, Georgia 30303

Mr. W. Imara Canady
Office: (404) 330-6741
Email: icanady@atlantaga.gov

Ms. Leigh Davis-Turner
Office: (404) 330-6395
Email: ldtturner@atlantaga.gov